

# Waterloo Region Psychology Consortium

Predoctoral Residency in Clinical Psychology

CPA Accredited

Member of CCPPP and APPIC

Residency Guide

2022 – 2023 Training Year



centre for  
mental health  
research and treatment



Waterloo Region  
District School Board

**WATERLOO**  
CAMPUS WELLNESS



**Homewood**  
Health Centre



Canadian Mental  
Health Association  
*Mental health for all*

Your guide to training in clinical psychology in Waterloo Region

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# Impact of the COVID-19 Pandemic at WRPC

## Impact on Residency Program and Activities

At the time of preparation of this Residency Guide, the impact that the COVID-19 pandemic will have on the 2022-2023 residency year cannot be predicted with certainty. As a consortium with a broad range of settings, our partner organizations in WRPC have been affected and have responded in somewhat varying ways during the 2020-2021 training year. All of our sites have adopted virtual (“telepsychology”) practice to some extent, and some have been able to partially or entirely maintain or resume the delivery of in-person psychological services over the span of the pandemic. All rotations have been maintained, and activities such as supervision and didactic seminars have been provided in a virtual format where in-person meetings were not possible.

The following information contained in this Guide describes the WRPC program and training activities under non-pandemic circumstances. Please be advised that some rotations and activities may be impacted by COVID-19 disruptions and restrictions in the 2022-2023 training year. Some opportunities may be unavailable or available only with modifications. Residents may be involved with in-person service delivery, virtual care, or a combination of the two. They may work on-site at rotation locations, remotely from home, or some combination of the two. In-person service delivery and rotation attendance may require residents to wear Personal Protective Equipment such as masks and adhere to enhanced protective practices such as regular screening, distancing, and enhanced sanitization practices at work sites.

***In the past as well as moving into the future, WRPC remains committed to providing fulsome, high quality training of future psychologists, and every effort will continue to be made to prioritize the achievement of training goals in core competency areas for each of our residents.***



## Impact on Student Applications for Residency

WRPC staff involved in the selection process for applicants to our program recognize that expected training experiences such as practicum placements leading up to residency applications have been interrupted for many senior graduate students in psychology due to the COVID-19 pandemic.

As indicated later in this Guide, candidates applying to the WRPC program are typically required to have completed at least 600 hours in total of supervised practicum experience, including an appropriate proportion of direct assessment, intervention, and supervision. Prior completion of sufficient supervised clinical activity is vital in ensuring residents are adequately prepared to take on the activities of a residency, and to benefit fully from the training year.

However, during this time of pandemic, we recognize that the development of professional psychology competencies is prioritized over explicit counting of hours. Further, given the COVID-19 pandemic, some flexibility in the composition of the practicum hours will be considered (for example, recognizing there may be a greater proportion of indirect hours). As well, for direct clinical activity we will consider services provided in virtual/telepsychology format (telephone contact or video-conference) to be equivalent to face-to-face client contact during the pandemic period.

**If you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had practicum placements that were cancelled, reduced, or prematurely terminated, please describe the interruption and the training and hours that were anticipated in your cover letter. We will take these situations into consideration on a case-by-case basis.**



## Diversity, Equity, and Anti-Racism Commitment

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Waterloo Region Psychology Consortium (WRPC) recognizes the vital role of respect for diversity and the need for action to increase equity and anti-racism in our society at large. We acknowledge that mental health professionals must work to identify the ways that issues of bias, power, and privilege impact clinical work and the development, nature, and accessibility of programs and services. We endorse the statement of the CCTC on the current state of affairs in psychology training:

*"Health Service Psychology's ability to serve a diverse public necessitates that the field diversify the voices and perspectives across the training spectrum. Efforts thus far to diversify HSP pipelines across all training levels have fallen short, limiting our field's ability to comprehensively understand and respond to the psychological suffering of diverse communities and individuals. Evidence suggests that insufficient recruitment and retaining of diverse students and faculty, curricular issues, and monolithically developed systems and structures all contribute to unacceptably low diversity in HSP. High quality health service in psychology requires a broad and comprehensive approach to diversifying training and education within our field." In particular, for residency programs: "Intern cohorts do not consistently represent the diversity of the communities that they serve. Programs may not attract and recruit diverse intern cohorts." (Council of Chairs of Training Councils (2021). CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit. <https://www.cctcpsychology.org>)*

WRPC also endorses and participates in the position and work of the Canadian Council of Professional Psychology Programs summarized here: [CCPPP Statement Against Racism and Discrimination.pdf](#) . Our program is accredited by the Canadian Psychological Association, and we stand behind the position stated here: [CPA Statement against Anti-Black Racism and Discrimination – Canadian Psychological Association](#). As a residency program located in Ontario, Canada, we further take guidance from and support statements made by the College of Psychologists of Ontario, found here: [A Commitment to Anti-Racism – CPO Public](#) , here: [A Statement from the College of Psychologists on the discovery of the unmarked graves at the former](#)



[Residential schools in British Columbia and Saskatchewan – CPO Public](#), and here: [Equity, Diversity, and Inclusion – CPO Public](#).

WRPC is committed to playing our part in diversifying and decolonizing the field of psychology, including through efforts to recruit students with a wide range of backgrounds, identities and experiences, and through working to ensure our program and its associated training settings create a space where all staff and clients feel they are safe and they belong. We are on a journey of endeavoring to embed anti-racist, anti-oppressive practices into the fabric of our program at all levels.

As the host organization employing residents within the Consortium and a community agency delivering mental health, employment and housing services, Lutherwood acknowledges Canada's history of systemic racism and the need for structural and institutional change. As an organization, Lutherwood is committed to the work of anti-racism and identifying how issues of privilege and power are impacting the people and communities the organization serves. Recognizing that uncomfortable conversations are required to dismantle the systemic barriers that have long impeded social and economic progress for Black and Indigenous people and People of Colour, a number of actions are underway, including the establishment of a Diversity and Inclusion Leadership Council, creation of an Equity Leader role, embarkment on an organizational assessment to identify needed areas of change, and implementation of mandatory, externally created anti-racism training for all staff. Lutherwood is committed to the representation and hiring of all ethnicities, races, sexual/gender identities, cultural backgrounds, abilities and beliefs at all levels throughout the organization, and to providing a safe, welcoming, and equitable working environment for all. All five partner organizations in the WRPC similarly are deeply committed to diversity, inclusion, and anti-discrimination and have acted on this with numerous initiatives and structures within their own organizations, and all partners support our psychology residents in each of their settings accordingly.

In applying to our program at WRPC, we encourage students to identify both their traditional academic achievements and qualifications as well as other non-traditional activities that enrich the backgrounds and qualities that they would bring to an internship position (such as advocacy/outreach/service activities, volunteer work, and lived experience).



We also encourage applicants to highlight any ways they have been able to target issues related to diversity in their training (e.g., practicum experiences or research targeted to diverse and/or underserved populations, focused coursework).

Residents matched with positions in our program will take part in an anti-racism course as part of their didactic training, paired with reflective discussions to consider application of the material, and will also have the opportunity to engage in other avenues of learning and action related to inclusion and equity (e.g., attending diversity related didactic seminars, participating in equity-focused groups or committees at rotation sites, providing service to clients from diverse communities and backgrounds with accompanying supervision focused on providing competent, ethical care).

WRPC is committed to supporting students from all backgrounds and identities through our training and through reaching out to additional mentors and peers where relevant. As noted later in this Guide and discussed in detail in other available materials, WRPC adheres to a robust suite of human rights, anti-harassment, anti-discrimination policies and procedures, to ensure that residents experience a safe and healthy workplace environment where all individuals are treated with respect and where all can contribute fully and access equal opportunities. Also as noted below, WRPC is committed to an inclusive and accessible workplace and supports residents who require accommodations at all levels of the application and residency process.

## Location

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### Region of Waterloo, Ontario, Canada

#### *Community and Education*

The Region of Waterloo is located in south-western Ontario, 100 kilometers west of Toronto. With more than 500,000 residents living within the Region's seven municipalities (Kitchener, Waterloo, Cambridge, North Dumfries, Wellesley, Wilmot, and Woolwich), it is one of the fastest growing areas in Ontario, home to people of at least 195 ethnic origins. In 2007, the Intelligent Communities Forum (ICF) recognized Waterloo as the world's Top Intelligent Community, which honoured the city's development of a prosperous economy based on broadband and information technology. This is a progressive educational area, with three universities and a college.



There is also easy access to educational opportunities in Toronto, Hamilton, and London, which are nearby centres for health care.



### *Leisure and Recreation*

With an eye to work-life balance, the vibrant Waterloo Region offers numerous recreational opportunities. Uptown Waterloo, the urban core of the city, as well as our neighbouring cities of Kitchener and Cambridge, offers world-class dining opportunities, distinctive shopping, museums, galleries, and festivals and events year-round. The Centre in the Square performing arts centre hosts close to 200 wide-ranging events each year featuring local as well as international talent, and the region also boasts the outstanding Kitchener-Waterloo Symphony. For outdoor pursuits, the twelve Conservation Areas situated along the Grand River offer opportunities to swim, fish, kayak, canoe, hike, cross-country ski, snowshoe, camp, and observe diverse wildlife. Walking and biking trails abound in the region, and the stunning Niagara escarpment (with its hiking, rock climbing, and other opportunities) is nearby. The town of Stratford, which hosts world-renowned musicals and Shakespearean plays at the Stratford Festival, is just a 45-minute drive away (and discounts through Lutherwood are frequently offered). The Village of St. Jacobs is a short five-minute drive from the edge of Waterloo surrounded by beautiful Mennonite countryside, and is home to local artisans, crafters, unique shops, and a bustling year-round farmer's market which draws visitors from near and far.

Visit <http://explorewaterlooregion.ca> for more information.

## Guelph, Ontario, Canada

Homewood Health Centre is located in Guelph, Ontario, Canada. Guelph is one of the fastest growing communities in Ontario, with 120,000 current residents. Guelph is known for its high standard of living, clean environment, natural outdoor attractions, frequent festivals and abundance of restaurant and bakery options serving fresh, local produce. Guelph is home to the University of Guelph and is located 100kms west of Toronto.

Visit <http://visitguelphwellington.ca/> for more information.

## Consortium Partners

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The Waterloo Region Psychology Consortium (WRPC) began offering a predoctoral residency in psychology in 2013. Our program achieved accreditation as an Internship in Professional Psychology by the Canadian Psychological Association in 2016, for a period of five years, and remains in good standing since this date.

The WRPC for the 2022-23 year consists of a partnership among six organizations that provide mental health and/or educational services in Waterloo Region and nearby city of Guelph. The training program offered by the consortium is dynamic in that some aspects of the specific opportunities available to residents shift in real-time with the realities of service provision at each organization, and training experiences vary as they are tailored where possible to resident interest. The following summary provides a brief introduction to each of the partner sites and the psychological services they offer. Each partner maintains strong linkages with area hospitals, mental-health agencies, tertiary referral centres, educational institutions, and community-based home-care, health, and mental-health agencies. More detail about the training opportunities at each site follows later in this guide.



## Lutherwood



Lutherwood is a progressive, not-for-profit health and social service organization that strengthens the lives of people in our community by providing mental health, employment, housing, and family support services to more than 19,600 people annually in Waterloo and Wellington regions. Lutherwood has been named the Lead Agency for Children's Mental Health Services in the Region. Lutherwood is committed to supporting people of all backgrounds and beliefs to build and

sustain better and more hopeful futures. As an organization, Lutherwood pursues innovation to anticipate and meet changing client and community needs.

Lutherwood's Mental Health Services are accredited through the Canadian Centre for Accreditation (CCA) and offer a range of services to assist children and families, including live-in, day, home-based, and out-client assessment and intervention, community- and school-based interventions, services for youth involved with the justice system, and a youth shelter. Other branches of Lutherwood also provide employment and housing support services. Psychologists provide services to some of Lutherwood's own programs as well as to a number of community organizations (for example, in child protection and youth justice sectors). As the host organization of the WRPC, Lutherwood is the employer of successful psychology residents, as well as the Training Director and administrative assistant associated with the consortium.

***Two rotations at Lutherwood are available to residents in the Child/Adolescent Mental Health Track of the program.***

## Waterloo Region District School Board



The Waterloo Region District School Board (WRDSB) is the largest employer of psychologists in Waterloo Region and is one of the larger district school boards in Ontario, serving approximately 64,000 students. The WRDSB is the largest public employer in the Regional Municipality of Waterloo with approximately 6800 staff providing educational programs and services to students across over 120 schools. The WRDSB cultivates a safe, inclusive, and equitable learning community, which

challenges and inspires all our learners to be engaged, connected, and contributing global citizens. WRDSB is proud to have a specific department that focuses on equity and human rights. This team of individuals strives to increase educational equity by working alongside staff to bolster strengths and mitigate barriers faced by students and staff. The aim is to foster an anti-oppressive, anti-racist, and inclusive culture at WRDSB.

Psychologists at the WRDSB provide a variety of psychological services to promote and optimize the learning of WRDSB students. In addition, Psychological Services plays an important role in fostering wellness and wellbeing by identifying and addressing the behavioral, emotional, and social conditions that are essential to effective learning and student success. There are currently 24 Psychological Services Consultants providing a range of services, including complex psychological and psychodiagnostic assessment, consultation, and individual and group interventions, as well as providing psychoeducational workshops to students, parents, and teachers about mental health topics. Psychological Services facilitates the Board's threat-risk assessment process and supports program evaluation of special education programs and services. Psychological Services staff are registered with the College of Psychologists of Ontario and have extensive clinical and school psychology experience.

***One rotation at the WRDSB is available to a resident in the Child/Adolescent Mental Health Track of the program.***

## Centre for Mental Health Research and Treatment, University of Waterloo



The Centre for Mental Health Research and Treatment (CMHRT) is the training clinic for University of Waterloo's Clinical Psychology graduate students, and provides accessible, effective psychological services for individuals of all ages in the Region of Waterloo. Services are provided by clinical psychology doctoral students and residents under the close supervision of registered clinical psychologists.

The CMHRT is committed to excellence in training, research, and service provision including a focus on leading edge evidence-based clinical practice, supervision, and clinical research. Psychological services provided include complex psychodiagnostic assessment, individual therapy, group therapy, and parenting/family therapy. Areas of specialization also include the opportunity to supervise more junior students in assessment or therapy.

***One rotation at the CMHRT is available to a resident in the Adult Mental Health Track of the program for the 2022-23 year. However, there is flexibility for a resident to see either child/adolescent or adult clients, or a combination of both client populations at the CMHRT if they have the appropriate training background.*** Residents who are interested in combining training with adult and child/adolescent populations are asked to specify this request within their letter of interest.

## Campus Wellness, University of Waterloo



Campus Wellness provides mental health services to University of Waterloo students, and includes the university's Counselling Services team as well as the Health Services team. Psychology services at Campus Wellness are offered within a vibrant multidisciplinary setting.

Professions within Campus Wellness include registered psychologists, social workers, and psychotherapists with masters-level training in psychology, counselling, or education-related fields. Through the Health Services team, members of the university community can also access medical, nursing, and psychiatric support and consultation, and psychology professionals have opportunity to work in conjunction with this wide range of disciplines.

The University of Waterloo has a very diverse student body of over 36,000 undergraduates and over 6,200 graduate students in a wide range of programs of excellence, in addition to one of the continent's leading cooperative education programs. Campus Wellness provides assessment, consultation, and intervention for students from this diverse population who are seeking assistance with a wide range of often complex mental health difficulties.

***Two rotations at Campus Wellness are available to residents in the Adult Mental Health Track of the program.***

## Homewood Health Centre



Homewood Health™ is Canada's leader in mental health and addiction services and we offer the most comprehensive and integrated continuum of services available in Canada. Homewood Health is striving to redefine mental health and addiction services and helps Canadians live healthier, more productive and more fulfilling lives.

Homewood Health Centre is a member of the Homewood Health's™ national network of services. With over 130 years of

experience, Homewood Health Centre is a 300-bed mental health and addiction treatment facility located on 50-acres on the banks of the Speed River in Guelph, Ontario. Assessment, individual therapy, group therapy, and consultation are available across a variety of services and programs.

***Two rotations at Homewood Health Centre are available to residents in the Adult Mental Health Track of the program.***

## Canadian Mental Health Association Waterloo Wellington



A beacon of mental health support and a pillar in the Waterloo Wellington area of southern Ontario, The Canadian Mental Health Association Waterloo Wellington (CMHA WW) provides a full care system for those with addictions, mental health, and/or developmental needs. CMHA WW serves everyone from children to adults to

seniors, all under one roof. The various programs (see <https://cmhaww.ca/programs-services/>) strive to help individuals and families lead lives filled with meaning and promise. CMHA WW's mission is "to build a community in which everyone has what they need to live meaningful lives. We build human connections that make it possible for people to achieve their greatest potential. We inspire and support people in achieving the quality of life that they desire. We are there when you need someone."



Service providers at CMHA WW are all embedded within interdisciplinary teams including occupational therapists, social workers, support coordinators, and psychiatrists (among others), as team members strive for a highly collegial atmosphere with clients' needs as the top priority. The role of psychology is primarily a combination of consultation and complex psychodiagnostic assessment (including risk assessments) that is led by the clinical and forensic psychologist. Involvement/consultation with teams across CMHA WW is a regular activity, which includes an emphasis on conceptualization/formulation, risk management, diagnostic considerations, and helping build capacity of our teams. Additional opportunities are available for participation in quality-of-care reviews regarding sentinel events (e.g., suicides/homicides) that pertain to clients that have been in the care of CMHA WW.

Of note, although CMHA-WW locations are throughout Waterloo Wellington regions, the primary location the resident will be based out of is in Guelph, ON. Further, at this point, clinical activities available to residents will be specific to adult populations and services.

***One rotation at CMHA-WW is available to residents in the Adult Mental Health Track of the program.***

## Training Program

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### Training Philosophy

The purpose of the WRPC's training program is to develop psychologists who will be capable of sound, independent professional functioning in the provision of psychological assessment, intervention, consultation, and research/program evaluation. We believe that clinical competence is built on a solid base of scientific evidence and on experience with a variety of assessment and intervention approaches. Our program is committed to building on the base of knowledge and experience that residents have already begun to establish in graduate school and in previous practica. The Consortium settings offer opportunities for residents to develop and hone their skills in working with clients with complex and serious difficulties within varying therapeutic models. Clinical experiences are available across a wide age range, from young children to adults, in separate adult and child/adolescent training tracks.



We encourage the development of clinical understanding from a variety of theoretical orientations, for example, cognitive-behavioural, dialectical behavioural, “third wave,” and psychodynamic perspectives, among others, dependent on the population being served.

Clinical work is often embedded in multidisciplinary contexts, and training incorporates awareness and integration with the broader mental health and social service/medical systems. Respect for diversity in all its forms is recognized as central to ethical and sound psychological practice. Residents are supported through this important training year in developing their emerging professional identities. We make every effort, within the structure of the WRPC program, to individualize residents’ training experiences to suit their interests and needs. We are committed to providing the degree of supervision necessary to permit residents to manage complex cases effectively, with supervision designed to facilitate gradually increasing independence.

Psychology staff across the Consortium are committed to:

- The development, provision, and evaluation of high-quality psychological services that promote the physical, emotional, cognitive, and social well-being of persons seeking assistance
- The training of highly skilled, ethical, well-balanced psychology professionals
- The advancement of psychological perspectives in health and mental health care.

Psychological services at WRPC are regulated by the College of Psychologists of Ontario and are offered in accordance with the relevant legislative acts and professional standards, guidelines, and codes of ethics. Although specific functions for psychology staff vary by agency and service area, services include:

- Psychological assessment and diagnosis
- Psychological intervention
- Psychological consultation
- Provision of training in psychology (e.g., supervision of practicum students)
- Provision of education in health-care and community settings
- Provision of consultation regarding policy initiatives within host agencies/broader health systems
- Program development and evaluation
- Facilitation, implementation, and dissemination of research
- Ongoing professional development.

## Goals and Objectives

The specific **goals** that emanate from our philosophy of training are as follows:

- Residents will further their competence with and mastery of clinical skills and demonstrate sound clinical judgment in the provision of psychological assessment, intervention, and consultation.
- Residents will ground all aspects of their practice in knowledge of the most current research, and will have an understanding of the role and application of program evaluation and applied research in service provision settings.
- Residents' exercise of clinical skills and judgment will be informed by sensitivity to diversity, including all aspects of individual and cultural differences.
- Residents will solidify their sense of themselves as future psychologists, incorporating the values, standards, and ethical principles that this professional identity entails, as well as developing a healthy work-life balance and ability to incorporate self-care into their professional practice.

The following **objectives** correspond to each of these goals. The extent to which these objectives are met will vary according to the level of training/skill/preparation of each resident.

### 1. **Assessment/Diagnosis/Consultation**

Residents are expected to achieve competence in the skills and judgments required for assessment, diagnosis, and consultation. Such skills include interviewing, selecting psychological tests, administering and scoring psychological tests, interpreting test results, integrating findings from various sources, conceptualizing cases, diagnosing psychological disorders, communicating diagnoses, formulating intervention recommendations, writing assessment/consultation reports, and giving feedback to clients/families and other professionals.

### 2. **Intervention**

Residents are expected to achieve competence in the following skills and judgments required for psychological intervention: evaluating intervention needs, working with clients to set realistic intervention goals, selecting interventions with consideration of the existing evidence base, operating effectively within chosen theoretical orientation(s), responding flexibly to clients' needs, managing crises, recognizing the need for consultation, and managing termination.

### 3. **Provision of Supervision**

Residents may have the opportunity to provide clinical supervision to more junior psychology trainees (e.g., practicum students) as part of one or more of their rotations, under the overarching supervision of a registered psychologist. Residents are expected to recognize that the provision of training and clinical supervision is an important part of the role of psychologists and entails the development of a unique skill set, including ensuring the quality of clinical service being provided by the supervisee, communicating feedback to the supervisee about strengths and areas for improvement, and modelling and educating the supervisee about ethical practice and professionalism. Residents involved in providing supervised supervision are expected to be familiar with and conduct themselves in accordance with all professional codes and standards of conduct that regulate this activity.

### 4. **Research and Evaluation**

Residents are expected to evaluate practice-related research and to base decisions about their work (i.e., assessment, intervention, consultation) with clients on current findings. They are expected to be able to evaluate the quality of evidence used to support clinical decisions. Residents are also expected to develop their understanding of how program evaluation and applied research activities inform service provision. More directly, residents are further expected to become involved in a research or applied evaluation project at one of their rotation sites during their residency year.

### 5. **Sensitivity to Differences and Diversity**

Residents are expected to demonstrate sensitivity to individual and cultural differences by taking into account considerations such as ethnicity, race, gender, sexual orientation, and gender identity differences (among others) in all of their clinical work. They are expected to incorporate considerations of diversity and respectfulness in their assessment methods, develop and value self-awareness of their own potential biases, seek consultation/supervision/education as needed regarding diversity issues that they encounter, and adjust assessment and intervention approaches to meet the needs of clients related to the wide range of differences and diversity in our communities.

### 6. **Professional Identity and Functioning**

Residents are expected to develop and demonstrate an identification with the psychologist's professional role and values by: understanding the psychologist's role on inter-professional clinical teams; participating in activities specific to psychologists; interacting respectfully with other professions; understanding the roles of other professions; showing awareness of ethical standards of psychological practice; showing awareness of mental-health and other relevant legislation; behaving ethically

toward clients, colleagues, and other staff; managing workload responsibly; and interacting with community partners (e.g., schools, probation, physicians) to facilitate client care. As part of the development of professional identity, residents will demonstrate an ability to balance workload, self-advocate, practice good self-care, and will cultivate a healthy work-life balance that allows them to function productively and in a healthy manner as a professional as well as in their non-professional roles.

## Training Experiences

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### Tracks and Rotations

The WRPC is offering three full-time, twelve-month pre-doctoral positions for the 2022–2023 training year, with the following configuration:

There are two separate training “tracks” available in the program:

- Child/Adolescent Mental Health (1 position)
- Adult Mental Health (2 Positions)

**Of note, rotations at the CMHRT (one rotation available through the Adult Track)** provide the opportunity for flexibility in working with clients outside of the population that is the focus of that resident’s “Track” (i.e., working with a combination of child/adolescent and adult populations is typically available to residents placed in those rotations if they are interested and have the appropriate training).

Residents are accepted into:

- Two “Major” rotations (3 days/week for 6 months each) and
- One “Minor” rotation (1.5 days/week for the full year)

Residents are matched with rotations according to availability, fit/qualifications, and the residents’ expressed interest. Every effort is made to match residents with their preferred rotations, however **due to the complexities of scheduling and interests, no guarantees can be made as to rotation assignment.**

**Applicants are asked to clearly indicate their preferences for rotations, in rank order, in their application letters.**

**Any applicants interested in working with both child/adolescent AND adult populations at the CMHRT rotation should also clearly indicate this in their application letters.**

Each rotation is approximately 600 hours in length. No less than one-quarter and no more than two-thirds of residents' time will be devoted to direct clinical services. One half-day per week is set aside for non-clinical resident activities.

## Child/Adolescent Mental Health Track Rotations

The Child/Adolescent Mental Health Track rotations are designed to prepare residents for future post-doctoral supervised practice focused on children, adolescents, and their families. Clients typically range in age from 3 to 18 years. There are opportunities for rotations that involve work across a range of settings, including schools, community agencies, and university settings. Training is available in various services, including out-client services as well as possibly some work with clients enrolled in day or residential treatment programs. In addition to direct client service, child track rotations often provide opportunities to supervise junior clinical psychology graduate students in assessment or intervention.

To be considered for the Child/Adolescent Track rotations, applicants must have completed relevant course work in child assessment, child development, child psychopathology, ethics, and research practices. They must also have completed a minimum of 600 hours of clinical practicum experience, at least half of which involves child/adolescent assessment and therapy. Potential rotations in the Child/Adolescent Mental Health Track are described below.

### *Lutherwood*

#### **COVID-19 Impact:**

*As of the writing of this Residency Guide, psychology services at Lutherwood are offered in-person as well as virtually (through telephone or video conferencing) depending on the service and particular context. In-person services are considered on a situation-by-situation basis focusing on best practices and client needs, and are offered with PPE and health protection measures (such as screening and enhanced sanitization) in place in instances where client needs cannot be reasonably met by telepsychology services. Should there be a return of increased restrictions in the geographical region due to a resurgence of public health concerns (e.g., a renewed "lockdown"), resident activities would be impacted in that in-person activities may not be possible. In this case, residents would likely work virtually from home, provide telepsychology services, and engage in increased amounts of professional development or indirect training activities if fewer direct clinical activity opportunities are available.*

*The activities likely to be most impacted would be the ability to carry out the psychometric components of direct assessment, and the ability to provide clinical service to younger clients or those with more complex needs who may not be as well served by virtual formats.*

Lutherwood psychologists work in a collegial environment with ample opportunities for peer consultation and interdisciplinary interaction and collaboration. Their work involves a variety of activities with an emphasis on assessment, therapy and consultation for outside community agencies. They also provide psychological consultation to on-site residential treatment, day treatment, and youth justice programs, as well as some direct service to clients within these programs. While experiences and opportunities may vary from year to year, a core component of resident activities is the completion of complex integrated assessments for children in the care of Family & Children's Services (the local child protection agency). The following describes program areas where residents may have some level of involvement.

- **Psychological Services in the Child Protection System**

Lutherwood provides contracted psychological services to Family and Children's Services of Waterloo Region, which is the region's child welfare agency that provides child protection services to children from infancy to young adulthood. Residents are involved in a range of services within this context:

- Residents complete psychological assessments for youth with histories of trauma or loss as well as complex mental health and learning needs. Assessments and subsequent consultation involve interfacing with multiple systems such as child protection, schools, families, service providers, among others.
- Residents may accompany psychologists in providing specialized consultations to Family and Children's Services staff and caregivers about the behavioral and social/emotional needs of children in their care, and may lead such consultations later in their training experience.
- Residents may offer individual therapy for children and youth who are in the care of Family and Children's Services (foster care) and have experienced significant levels of trauma.

- **Residential and Day Treatment Programs**

Residents may provide a limited amount of assessment, therapeutic, and/or consultation services for youth who are attending Lutherwood's residential and day treatment programs. In addition, they may participate as members of the multidisciplinary teams that plan and provide services for these programs. These programs serve youth whose complex mental health and behavioral difficulties have significantly affected their functioning at home and school. The programs provide a supportive environment with therapeutic and skills training activities designed to foster growth and work towards intervention goals within a family-based intervention model when possible. Elements of Dialectical Behavior Therapy and the Collaborative and Proactive Solutions approach are incorporated into the intervention model, which is also attachment and trauma-informed.

- **Youth Justice Services**

Lutherwood has an open custody program with a mental health focus, as well as additional community-based intervention programs that provide ongoing support to youth who are involved with the youth justice system and their families. Intervention in the open-custody program is based on individualized rehabilitation plans of care to address specific emotional, behavioral, and mental health needs that may contribute to anti-social/criminal behavior. Residents may have the opportunity to participate as part of the multidisciplinary team for the open custody program. Depending on their skill set and experience, residents may seek the opportunity to complete one or two assessments of youth on Probation or youth awaiting sentencing under the Youth Criminal Justice act (YCJA). Residents may have the opportunity to provide time-limited individual therapy to youth on probation or who are involved with a youth justice diversion program.

### *Waterloo Region District School Board (WRDSB)*

#### ***COVID-19 Impact:***

*In the past year WRDSB psychological service consultants have engaged in in-person, hybrid assessments and worked virtually in intervention work and other meetings. In the coming year, students will either be in-person or remote learners. We expect to continue to see students for assessment in their schools and we have a remote site to use for remote learners to ensure equitable access to psychological services regardless of the learning model chosen.*



*Interventions may resume in-person or virtually depending on Ministry and WRDSB guidelines to ensure safety for students and staff. Resident activities will be impacted accordingly with respect to the ability to deliver services in-person to students and staff on-site at schools. Updates will be provided as they are available.*

Residents will receive training in assessment of developmental disorders (e.g., intellectual disability, learning disability, autism spectrum disorder, behavior disorders) and complex mental health disorders (e.g., anxiety, mood, attention deficit hyperactivity disorder). Residents may provide consultation to students, families, teachers, school administrators, special education personnel, and community service providers. Depending on interests, residents may work with Kindergarten to secondary school students in a range of special education programs (e.g., vision, hearing, orthopedic, mental health, developmental, and/or behavioral needs) and families with culturally and linguistically diverse backgrounds. Residents will have professional development opportunities, including psychological services department meetings, peer consultation, and board- or department-sponsored workshops.

- **Psychological Assessments**

Through comprehensive assessments, Psychological Services Consultants (PSCs) collaborate with students, families, and school personnel to understand students' learning, behavioral, emotional, and social needs. Psychological assessment information is used to develop or adapt Individual Education Plans, determine eligibility for special education programs, and plan educational, behavioral, or psychological interventions. **Residents will focus the bulk of their rotation at WRDSB on the completion of psychological assessments.**

- **Multi-disciplinary and Student Support Teams**

Psychological Services Consultants (PSCs) are members of elementary multi-disciplinary support teams (MDSTs) and secondary in-school support teams (ISSTs). These teams are comprised of school-based and central special education personnel, including Special Education Consultants, Speech and Language Pathologists, and Social Workers, who are assigned to a cluster of elementary and/or secondary schools. MDSTs and ISSTs serve to identify students requiring such special education services as psychological or speech and language assessments, referrals to special education programs and services, or referrals to community based services. At MDSTs and ISSTs, PSCs provide education regarding typical and atypical development, as well as information regarding the impact of learning, developmental, and mental health disorders on student learning.

In addition, MDSTs and ISSTs provide a forum for PSCs to offer consultation to help develop school-based interventions and monitor the progress of special education students and interventions. Residents will be invited to participate in MDSTs both at schools where they are currently conducting assessments and at other schools to increase exposure to the breadth of diversity of school environments.

- **Consultation**

PSCs are often engaged in extended school-based consultations that may involve student observations, ongoing monitoring, and interviews with teachers, other school personnel, family members, and community agencies. Sometimes clinical interviews and measures are used. PSCs may identify clinical problems requiring further assessment, help families access appropriate community services, or collaborate with school staff to develop and monitor interventions to address learning, behavioral, social, or emotional difficulties. Residents will be invited to participate in consultations alongside PSCs.

- **Subject to supervisor availability, residents may also participate in the following activities:**

- **Special Education Programs and Services:** The WRDSB provides a range of special education programs and services. At the school level, special education teachers provide in-class and withdrawal support while child and youth workers support students' behavioral, social, and emotional needs. PSCs may be called on to consult with Special Education Teachers or CYWs in their work with students. For more specialized or intensive support, students can be referred for itinerant special education teacher support (e.g., adaptive technology training for those with learning disabilities) or to congregated classes designed to meet the needs of exceptional learners. Each program has a PSC assigned to provide program-specific assessment, consultation, and/or intervention services.
- **Interventions:** PSCs offer individual and group behavioral or cognitive behavioral interventions. Some PSCs work with WRDSB's Behavior Team to develop, implement, and monitor interventions for students with complex behavioral difficulties. PSCs may also work with school-based child and youth workers to provide cognitive behavior group interventions for anxiety.

- **Threat Risk Assessment:** If a student engages in significant threatening or violent behavior, a school- and community-based team meets to conduct a multi-dimensional assessment of the student's behavior, develop interventions to address its underlying causes, and ensure the school community's safety. PSCs facilitate more serious threat risk assessments by interviewing the student and his/her family, leading a data sharing session, and collaborating to determine interventions.
- **Psychological Services Psychoeducational Team:** During the COVID-19 pandemic, PSCs became innovative and designed several psychoeducational webinars for students, parents and staff, as well as a Youtube channel with short videos on various topics. The webinars and videos are designed to provide information to increase knowledge, skills and capacity for the target audience. Since these presentations and videos were well received, the WRDSB has embarked on the development of a team of PSCs to develop and provide additional psychoeducational presentations. These will be class-wide, staff-based or parent-targeted presentations. The resident may have opportunity to help create, organize and present on various topics either in-person or virtually.

## Adult Mental Health Track Rotations

The Adult Mental Health Track rotations are designed to prepare residents for future post-doctoral supervised practice focused on adults. There are opportunities for rotations in a range of settings, including a residential treatment centre, university-based services, and community based mental health programs. In addition to direct client service, the adult rotations may provide opportunities to supervise junior clinical psychology graduate students in assessments or intervention.

To be considered for the adult track rotations, resident applicants must have completed relevant course work in adult psychopathology, assessment, intervention, ethics, and research practices. They must also have completed a minimum of 600 hours clinical experience, at least half of which must involve assessment and therapy for adult clients. Potential rotations in the Adult Mental Health track are described below.

***Of note, although a rotation at the Centre for Mental Health Research and Treatment (CMHRT) is available only to residents in the Adult Track, there is opportunity for residents to provide services to a child/adolescent population within this rotation as well if they have the appropriate training.***



## Centre for Mental Health Research and Treatment (CMHRT)

### **COVID-19 Impact:**

*Up to the point of preparation of this Residency Guide, during the COVID-19 pandemic, the CMHRT has been closed to in-person services in accordance with directives from the University of Waterloo. Therapy services have been delivered by means of videoconferencing, which is securely recorded and accessed for later supervision review.*

*Teletherapy services are better suited for individual therapy (particularly with teens and older children, and for parenting interventions) and possibly group therapy. If restrictions continue to be in place that preclude in-person services, the CMHRT rotation may not be able to offer comprehensive cognitive assessments or family therapy as clinical training opportunities for residents.*

The CMHRT offers a full range of psychological services for children, adolescents, adults, and families. **Although the rotation at CMHRT is offered through the Adult Track of the program for the 2022-23 year, residents with appropriate foundational coursework and training with children or adolescents may elect to participate in any of the following activities.**

- **Psychological Assessments**

Residents may conduct comprehensive psychological and diagnostic assessments, using a range of standardized measures (including structured interviews with the MINI or MINI-Kid Neuropsychiatric Interview, cognitive, social-emotional, and behavioral measures).

- **Consultation**

With respect to work with child/adolescent clients, there may be opportunities for residents to provide clinical consultations with parents, youth, and others to help them understand a child or youth's learning and mental health profile and the implications for everyday life.

- **Intervention (Individual and Group Therapy)**

Residents will have the opportunity to carry a therapy caseload that is tailored to their training goals. Typically, clients presenting with more complex issues are assigned to Residents (as the more senior service providers in the CMHRT).

Presenting issues for children often include mood and anxiety difficulties, disruptive behaviors, and trauma, and presenting concerns for adult clients usually reflect co-occurring problems including mood disorders and anxiety (including Bipolar II, OCD, Social Anxiety Disorder), trauma, and interpersonal issues. Interventions for child/adolescent clients may include individual therapy, parenting work, or family therapy. Approaches to therapy may include cognitive behavior therapy, family therapy (systemic, structural, emotion focused family therapy, behavioral parenting), and also integrative elements of other modalities, such as narrative, third wave therapies or emotion focused therapy.

Residents are also involved in co-facilitating treatment groups. For child/adolescent focused populations, this may include the Triple P Positive Parenting Program or a CBT-based group for adolescents with anxiety, for example. For residents working with an adult population, groups at CMHRT have included an imagery-based CBT group for Social Anxiety Disorder, a compassion-focused group for adults with Eating Disorders, as well as the Triple P Positive Parenting groups for parents of children or adolescents.

- **Supervision**

Residents at CMHRT working with a child/adolescent population may have opportunities to supervise clinical psychology graduate students in conducting psychoeducational assessments and/or to supervise the delivery of therapy with an individual child or adolescent client. Residents working with adult clients at CMHRT may have opportunities to supervise clinical psychology graduate students in conducting psychoeducational assessments, and may also have the chance to supervise the delivery of therapy with an individual adult client. Such supervision is provided under the overarching supervision of a registered psychologist. The CMHRT has a strong focus on training and supervision and is very well-resourced with facilities for live observation of sessions as well as up-to-date recording and digital technology.

- **Program Evaluation and Research**

The CMHRT rotation also provides residents with a range of opportunities to engage in program evaluation and the practical application of research skills to a clinical setting, within a vibrant and stimulating research and academic environment.

## *Campus Wellness, University of Waterloo*

### **COVID-19 Impact:**

*In 2020-21 Campus Wellness psychology services have been provided virtually. This has been done by means of videoconferencing, which is securely recorded and can be later accessed for supervision purposes. The university plans to resume in person classes in the fall of 2021 (as well as some virtual offerings), and Campus Wellness staff will return to campus offices on a rotational basis beginning in August 2021. Services are planned to be offered both in-person (with appropriate precautions) and virtually, based on students' preferences and needs. Currently, psychodiagnostics assessments are being conducted by psychology staff and residents.*

University of Waterloo Campus Wellness' clientele are undergraduate and graduate students who seek services for a full range of mental health and personal concerns including mood disorders, anxiety, trauma, stress, eating disorders, obsessive-compulsive disorders, gender dysphoria, addiction-related disorders, psychosis, and interpersonal disorders. Psychological services on campus include both assessment and therapy, and services are developed based on empirical research and follow best-practice guidelines. A resident at Campus Wellness is involved in clinical and administrative facets of psychological assessment and intervention services, including conducting assessments, formulating diagnosis and intervention plans, planning and implementing interventions in both individual and group formats, crisis management, intakes, facilitating on- and off-campus referrals, fostering good working relations with other members of the circle of care and campus support services (e.g., AccessAbility Services, Health Services, Department Deans and Faculty Advisors, Student Housing), and developing working relations with off-campus agencies and support services.

- **Assessment**

Unlike in many university counselling settings, Campus Wellness psychologists provide psychodiagnostic assessments as well as individual and group intervention. Psychodiagnostic assessments assist with diagnostic clarification and identifying appropriate intervention recommendations that will enable clients to function at their fullest potential. Assessments involve the integration of a variety of psychometric questionnaires, and often address a high level of complexity.

- **Intervention**

Psychological intervention at Campus wellness is customized to each client and may include a variety of individual and group therapies. Interventions provided by psychologists include both individual and group psychotherapy from a variety of theoretical perspectives, including psychodynamic, cognitive-behavioural, dialectic, interpersonal, and emotion-focused therapies. Therapeutic orientation for services provided by residents will vary dependent on client need, training goals, and the supervising psychologists. The primary treatment offered to clients is within a brief therapy model. A student with complex or co-morbid issues who requires extended services is offered longer term intervention in consultation with the supervising psychologist. Residents will have the opportunity to work with clients with a wide range of presenting concerns, including those requiring short-term therapy, single-sessions, and emergency appointments.

Group therapy modalities at Campus Wellness range from psychoeducational to skills-based groups in open and closed format. The specific groups offered each year are dependent on client demand and staffing availability. Group interventions that have been offered include a brief dialectical behavior therapy-informed group, groups addressing anxiety and depression, mindfulness based cognitive therapy and psycho-educational seminars on Managing Personal Wellness including topics such as Alleviating Anxiety, Breaking Free from Low Mood and Motivating Yourself Through Habit Change.

- **Consultation**

Given the multidisciplinary nature of Campus Wellness, many psychodiagnostic assessment referrals are made by physicians, psychiatrists, and counsellors with whom psychology residents have opportunities to consult. Intervention is facilitated by a team of care providers within Campus Wellness, or by referral to community expertise, if specialized services are more appropriately accessed outside the University. Broader consultations are also provided to university staff and faculty regarding the interface of mental health issues and academic challenges.

Of note, rotations at Campus Wellness may require evening hours for service provision approximately one day per week.

## Homewood Health Centre

### **COVID-19 Impact:**

*At the time of writing of this Residency Guide, inpatient programs at HHC continue to provide service (in person at the Health Centre) with personal protective equipment (PPE) in place for patients and staff. All patients are screened for potential COVID-19 symptoms or exposure before admission, and isolation with PPE for patients in first 2 weeks in programs is implemented. Screening of all staff prior to entry to the Health Centre is also in place. Should any positive COVID cases occur in staff or patients, HHC works closely with public health professionals and guidelines to contain and contact trace. Should this be the case, resident activities could be impacted in that they may be required to work from home providing virtual services as feasible, which would limit the specific clinical activities available (for example, psychometric assessment or the delivery of some group interventions may not be possible for a period of time).*

Rotations at Homewood Health Centre may involve participation within or across several programs, dependent on training goals and supervision availability.

- **Assessment and Stabilization Unit**

The primary focus of Assessment and Stabilization Unit (ASU), a 5-bed unit, is to provide an integrated, intensive interdisciplinary assessment over a 3-week period. The goal of this program is to clarify diagnosis and generate a thorough treatment plan. Approximately 50% of clients who complete the ASU program will go on to completing another program at the Homewood Health Centre. Note that a full rotation in the ASU program is not available, however, residents can participate in the psychological assessment contribution to the overall interdisciplinary assessment process.

Responsibilities and goals for this training opportunity are flexible to meet the individual training needs of the resident. Residents will have the opportunity to be involved in:

- Psychodiagnostic assessment
- Personality assessment
- Cognitive/Psycho-educational assessment
- Neuropsychological assessment
- Structured and unstructured interviewing
- Case consultation

- Collateral information collection and family meetings/interview
- Observation/shadowing of multidisciplinary team members, including psychiatry, nursing, social work, occupational therapy, addiction counselling, recreation therapy, and more.
- **Traumatic Stress Injury and Concurrent Program**

The Traumatic Stress Injury and Concurrent Program (TSICP) provides treatment to address the effects of trauma, Posttraumatic Stress Disorder (PTSD) and concurrent substance or behavioural addiction. TSICP provides multidisciplinary care that targets the physical, psychological, and social aspects of the trauma and concurrent disorders within the context of a therapeutic community where patients help patients in recovery. Issues such as fear, anger, and shame related to trauma experiences are addressed, as well as the use of substances to try to manage traumatic reactions. Treatment follows a phased approach, in which assessment and stabilization are prioritized, including medical detox as needed, followed by active treatment focused on increasing emotional regulation and trauma processing skills based on a cognitive behavioural therapy framework (CPT). Treatment also prepares patients for maintenance of treatment gains after discharge.

Responsibilities and goals for this training opportunity are flexible to meet the individual training needs of the resident. Residents will have the opportunity to be involved in:

- Assessment of patients including the use of structured diagnostic interviews and self-report questionnaires to provide diagnostic clarification and treatment recommendations
- Provision of group and individual therapy
- Interprofessional program rounds
- Program development and program evaluation
- Case Consultation with various team members
- Observation/shadowing of multidisciplinary team members, including psychiatry, nursing, social work, occupational therapy, addiction counselling, recreation therapy, and more.

- **Eating Disorders Program**

The Eating Disorders Program (EDP) provides residential treatment for individuals struggling with an eating disorder, including Anorexia Nervosa and Bulimia Nervosa. Upon intake, clients receive a thorough medical and psychological assessment, followed by both individual and group based supports to enhance motivation for change. Clients then receive group and individual based treatments in order to improve their coping skills (e.g. mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness), and address body image related thoughts and core beliefs. Towards the end of treatment, clients receive support with reintegration into the community and building a life worth living. The program integrates Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Motivational Enhancement approaches. Additional programming is offered to address trauma and addiction (e.g. Cognitive Processing Therapy).

The patient population is diverse. In addition to struggling with an eating disorder, patients often present with a variety of comorbid mental health conditions, particularly difficulties with mood, anxiety, and emotion regulation, as well as a variety of interpersonal stressors, including histories of trauma and addiction.

Responsibilities and goals for this training opportunity are flexible to meet the individual training needs of the resident. Residents will have the opportunity to be involved in:

- Assessment of patients, including the use of structured diagnostic interviews and self-report questionnaires
- Provision of group therapy (DBT Skills Groups, CBT Body Image Group, Motivational Enhancement Groups, CPT Group)
- Provision of individual therapy to address comorbid conditions and interpersonal stressors (e.g. trauma, addictions, anxiety, perfectionism, self-esteem)
- Family therapy and a once-monthly family education day
- Multidisciplinary program rounds and DBT consultation group
- Program development and program evaluation
- Observation/shadowing of multidisciplinary team members, including dietitian, recreation therapist, occupational therapist, and nursing.

## Canadian Mental Health Association Waterloo Wellington (CMHA WW)

### **COVID-19 Impact:**

*As of the writing of this Residency Guide, psychology services at CMHA WW have resumed some in-person clinical activities, as well as continuing to provide services virtually through video conferencing. In-person services are considered on a situation-by-situation basis focusing on best practices and client needs and are offered with PPE and health protection measures (such as screening and enhanced sanitization) in place. CMHA WW has a team dedicated to ensuring the safety of staff with respect to return to office services and regularly adapts to ensure public health guidelines are being followed. Should there be a return of increased restrictions in the geographical region due to a resurgence of public health concerns (e.g., another "lockdown"), resident activities would be impacted in that in-person activities may not be possible. In this case, residents would likely work virtually from home, or from an office, providing telepsychology services, and engage in increased amounts of program evaluation, consultation, professional development, or indirect training activities if fewer direct clinical activity opportunities are available. The activities likely to be most impacted would be the ability to carry out the psychometric components of direct assessment.*

A rotation at CMHA WW includes exposure and involvement across various services and programs within the organization dependent upon training goals and areas of need. Some of the services/programs include:

- Flexible Assertive Community Treatment team
- Eating Disorders team
- DBT team
- Adult and senior services,
- Early episode psychosis program
- Quality and Risk team

The primary roles of the resident will be to provide formal and informal psychological consultation as well as psychological assessments to support teams, and community partners, to better understand and serve their respective clients. It is important to note that most clients supported by CMHA WW are identified as having severe and persistent mental health and/or addiction needs.

Consequently, strong case conceptualization and formulation of our clients is highly valued from our psychological consultations and assessments. This is a unique opportunity as the resident will have a direct impact on community-based mental healthcare by applying their psychological knowledge, skills, and abilities, to impact change across the mental health system in our community. Additional unique experiences include participating in quality-of-care risk reviews, as we reflect upon potential system gaps and areas of improvement following sentinel events (e.g., suicide, homicide).

- **Consultation**

The resident will primarily be involved in formal and informal consultation with different service teams across CMHA WW. Consultations can be planned or unplanned to address concerns of both an imminent nature and/or more strategic longitudinal concerns. The resident will function as a knowledge resource at all levels of the organization, ranging from frontline staff to leadership. Consistently, the resident will further develop and hone their case conceptualization/formulation skills, apply their knowledge of psychological issues in an integrated manner while paying special attention to the question and background of the individual and/or individuals who are seeking out psychological consultation. Consultation involves further developing the ability to ask relevant questions to clarify concerns, promote reflective practice, and to facilitate shared learning and understanding while providing expertise and supporting problem-solving.

Consultation activities often include review of relevant documentation (e.g., client's electronic medical record), additional research and knowledge acquisition, as well as connecting with additional staff/team members. As well, it may lead to further assessment, development of a treatment and/or risk management plan, and/or further discussion with other community partners. Consultation practice within CMHA WW requires significant attention to interpersonal process/dynamics, establishing working alliances with members at various levels of the organization, and demeanor of open communication, trust, and respect.

- **Assessment**

The resident will be involved in the provision of psychological assessment. Given the complex nature of the population served by CMHA WW, the scope of assessments can be quite variable. In general, they would fall under the category of psychodiagnostics assessments, as a primary goal of assessments is to be understand the respective client so as to adapt treatment planning.

Consequently, an emphasis on case conceptualization/formulation is made to assist the referring team/program. Assessments are provided agency-wide to address referral questions, beginning with an initial consultation with the referrer. Assessments can be provided for diagnostic clarification, identification of learning and attention difficulties, developmental disorders, clarification of cognitive functioning, and clarification of risk and protective factors with respect to the client's functioning. The approach to the assessment process is also anticipated to be a therapeutic process, promoting increased insight for the client and supporting engagement in services. The assessments could involve a range of personality, cognitive, and educational psychometric measures that result in an integrative assessment report that is also reviewed with relevant treatment team members.

- **Treatment**

While not a primary focus of this rotation, depending on the resident's training goals there may be opportunities to be involved in treatment with one or more of CMHA WW's teams, which could include individual intervention and/or involvement in the provision of group therapy and case management. The therapeutic framework from which this would be approached varies by service team.

## Sample Rotation Chart

**The following chart is for demonstration purposes only**, to give an **example** of the training arrangements that could emerge for a cohort of residents. Rotations and individual training plans are negotiated and change annually based on resident interests and logistics such as the availability of supervision and site-specific activities. **Applicants are required to indicate their interest in the various rotations in order of preference in their letter of interest**, however **the availability of specific rotations and combinations of rotations cannot be guaranteed**. *(Of note, given the available rotations for the 2022-23 year, the Child Track position is expected to be specifically as described in the chart below).*

Resident	Major Rotation Fall/Winter	Major Rotation Spring/Summer	Minor Rotation (full year)
A (Child Track)	WRDSB	Lutherwood	Lutherwood
B (Adult Track)	Campus Wellness	Homewood	CMHA-WW
C (Adult Track)	Homewood	CMHRT	Campus Wellness

## Research and Evaluation

Recognizing the importance of a solid foundation of skill and understanding in empirical research and evaluation in the role of a psychologist, the WRPC strives to incorporate this component meaningfully into the residency training year. Each resident will identify, with the support of supervisors and the training director, a research or evaluation project that they will be involved in over the course of their residency year. The scope, focus, and nature of these projects will be chosen on the basis of resident interests, as well as specific opportunities available at the rotation sites relevant to that resident.

## Supervision and Progress Evaluation

The College of Psychologists of Ontario provides the following definition of supervision:

*Supervision of psychologists is a distinct professional activity provided by a member of the College registered for autonomous practice. Its goal is to ensure that psychological services meet the standards of practice of the profession in Ontario. For supervision of individuals training to become members of the profession of psychology, the relationship develops supervisees' knowledge and skills through instruction, modelling, problem solving, and on-going evaluation.*

Implicit in this definition are the following objectives of supervision:

- To ensure that recipients of psychological services receive care that meets or exceeds standards of the profession, with the emphasis on the well-being of the client. Supervisors and residents must develop a clear and accurate conceptualization of clients' needs and of factors giving rise to their difficulties.
- To contribute to the training and professional development of residents, with an emphasis on instilling an attitude of life-long learning. The supervisor as teacher, mentor, and professional role model facilitates in the resident the acquisition of technical skills, ethical decision making, self-awareness, and interpersonal effectiveness, with the goal of aiding the development of an understanding of the impact of their role as psychologist (in training) on their clients.
- To provide ongoing evaluation to identify the extent to which clients have been well served and residents' learning has been enhanced. Feedback is delivered on an ongoing basis; and
- Inherent in its educative and evaluative nature is the notion that the supervisory relationship is hierarchical, placing responsibility on supervisors to be cognizant of the power differential that exists between them and their residents. Supervisors must be aware of the individual needs of their residents and sensitive to their emerging development as individual practitioners.

The Training Director works with each resident to ensure smooth transitions into and from each rotation, facilitates communication among supervisors, and attends to the practical and logistical needs of the resident's placement. The resident will be provided with regularly scheduled supervision at their rotation sites for a minimum of four hours per week across rotations and, of these, at least three hours will be individual supervision. There is a possibility of having more than one supervisor within each rotation. Individual supervision may include case discussion, direct observation, co-therapy for individuals or groups, and review of audio or video tapes.

The fourth hour of supervision may be provided in an individual or group format and may include discussion of specific psychological disorders, assessment or therapy techniques, or professional and ethical issues.

The residents' individual goals and objectives are set through mutual consultation at the start of each rotation, and are incorporated into a written, individualized training plan. Written supervision agreements are created between each supervisor and resident to ensure clarity of supervision goals and processes. Regular feedback and evaluations are designed to facilitate growth and positive identification with the profession of psychology. Evaluation of residents' work and skills will take place on an ongoing basis within supervisory sessions. To enhance growth and ensure coordination of training, supervisors within each track (along with the Training Director) will discuss resident progress together at the mid-point and end of each rotation, and will complete formal resident evaluations at the end of each rotation, again with feedback shared with residents. The Training Director communicates feedback to the residents' university twice per year.

Feedback is intended to be a two-way process, and the WRPC highly values input from our residents. Residents are asked to formally evaluate their rotations and supervisors at the end of each rotation as well as the entire Consortium at the end of the year. To ensure that this feedback is as open as possible, supervisors are not provided with this feedback until all supervisor evaluations of the resident have been submitted.



## Site Coordinators and Supervisors

Each of the consortium sites has an identified site coordinator, who oversees logistics and communications issues for the site, and who also serves as a clinical supervisor for residents. Often there are additional psychologists who also provide supervision at specific rotations.

The supervisors and coordinators for each site are listed below (for all, Ph.D., C. Psych.), accurate at the time of posting (subject to change).

<p><b><u>Lutherwood</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Karen MacLeod</li> </ul> <p>Additional Supervisors</p> <ul style="list-style-type: none"> <li>• Tracy Mewhort-Buist</li> <li>• Alexa Kane</li> </ul>	<p><b><u>WRDSB</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Lisa Mulvihill</li> </ul> <p>Additional Supervisors</p> <ul style="list-style-type: none"> <li>• TBD</li> </ul>	<p><b><u>CMHRT</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Marjory Phillips</li> </ul> <p>Additional Supervisors</p> <p>TBD</p>
<p><b><u>Homewood</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Ann Malain</li> </ul> <p>Additional Supervisors</p> <ul style="list-style-type: none"> <li>• Troy Reick</li> </ul>	<p><b><u>Campus Wellness</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Carolyn Abramowitz</li> </ul> <p>Additional Supervisors</p> <ul style="list-style-type: none"> <li>• Kassandra Scioli</li> </ul>	<p><b><u>CMHA-WW</u></b> Site Coordinator</p> <ul style="list-style-type: none"> <li>• Troy Reick</li> </ul> <p>Additional Supervisors</p> <p>N/A</p>

## Non-Clinical Activities, Meetings, and Didactics

One half day per week is devoted to non-clinical activities, including didactic learning as well as peer support/consultation. Didactic activities include a seminar series presented by representatives of the consortium and invited guests, as well as, when possible, attendance at external training opportunities (such as partnerships with other residency or training programs). Resident input is solicited to choose topics that meet their current needs and interests. Residents will be required to give one seminar presentation based on a clinical case from their own work, as well as one presentation towards the end of the year based on their residency research/program evaluation project. If interested, they also have the opportunity to give a presentation of their dissertation research.

Time for peer support and consultation is also a protected part of the half day per week, as an important component of the training year. The cohort of residents meets weekly for one hour, and these meetings are intended to be relaxed and collegial opportunities to debrief and to give and receive support (including, for example, case discussion, consideration of professional practice and jurisprudence issues, problem solving about the residency experience, discussion of readings/presentations on topics of clinical interest).

Residents have the opportunity to participate on the training committee of the residency program, with a rotating schedule allowing for each resident to take on this role for a portion of the year. Input of residents is highly valued in continually improving our program.

Other non-clinical experiences during the training year may include (depending on rotation and availability):

- Clinical workshops hosted by the University of Waterloo's Psychology Department
- Bi-weekly group supervision meetings at WRDSB
- Bi-weekly Psychological Services Department meetings at WRDSB
- In-house professional development/clinical training opportunities at the consortium sites
- Shadowing other professionals including nurses, social workers, youth workers, psychiatrists
- Community workshops
- Contributing to an organizational mental health blog

At some sites, residents may be members of specific teams and required to attend regular team meetings. There may be the possibility of participation in agency-related committees (such as a Diversity and Inclusion Committee, for example). While participation in the latter is not mandatory, it may provide an enriching experience and insight into non-clinical dimensions of agency functioning.

## Due Process and Grievance Procedures

Applicants and accepted residents are encouraged to refer to the WRPC's Policies and Procedures Manual for more details about the residency, including its administrative structure and due process and grievance procedures, as well as its human rights, anti-harassment, and anti-discrimination policies. The manual is hosted online at: <https://www.lutherwood.ca/mentalhealth/predoctoral-residency>



## Cross-Site Travel

The consortium is a multi-site training program and, as such, residents will be required to travel between sites for some activities. While every effort is made to schedule residents at only one site per day for most of the week, there may be times when travel between sites within a day will be necessary (most often, for the half-day of non-clinical activities, although it may be required on other days as well). Specific travel-related details are as followed:

- There is a cost for parking at the University of Waterloo; student-parking permits may be purchased. The campus is readily accessible via public transit.
- Lutherwood's main site is at the edge of Waterloo but is accessible (to within one kilometer) by public transportation. Client care at times requires travel to other Lutherwood sites which are accessible via public transportation (though this method may be quite time consuming). There is no parking fee at Lutherwood.
- Work at the WRDSB requires travel between many sites. There is no cost for parking at the school board office or at any of its schools. Access to a vehicle is required for a rotation with the WRDSB.
- Homewood is located outside of Waterloo region, in the neighbouring city of Guelph, Ontario. Public transportation is available between cities, however is time consuming and would pose obstacles for travel within a workday. There is a staff parking fee at Homewood.

Given the above, access to use of a car is necessary for most residents of the WRPC. While the consortium does not pay for residents' parking or routine transit costs, there is reimbursement for travel between consortium sites if required for meetings within a workday, and for client-related travel from a rotation site to schools or other client-related locations. The current rate for cross-site travel with a personal vehicle is \$0.43 per kilometer, a rate which fluctuates according to rising and falling gas prices.

## Eligibility/Candidate Qualifications

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### CCPPP and APPIC Membership and CPA Accreditation

The WRPC is a member of the Canadian Council of Professional Psychology Programmes (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC), and participates in the APPIC matching service.



The WRPC is accredited by CPA as an Internship in Professional Psychology (current accreditation period: 2016-2022). Information about accreditation by the Canadian Psychological Association is available at the following address:

Accreditation Office  
 Canadian Psychological Association  
 141 Laurier Avenue West, Suite 702  
 Ottawa, ON Canada K1P 5J3  
 Email: accreditationoffice@cpa.ca  
 Telephone: 613-237-2144 x 328 or 1-888-472-0657 x 328

Accreditation standards and procedures are available for review at the following link:  
<http://www.cpa.ca/accreditation/resources/>

## Candidate Requirements

Candidates must be registered in an APA or CPA accredited clinical psychology graduate program. Typically, candidates must have completed a minimum of 600 practicum hours. For adult track residents, this must include a minimum of 150 direct assessment hours. However, given the impact that COVID-19 on training opportunities, there may be some flexibility in the consideration of practicum hours – please see the information at the beginning of this guide for further detail. ***In particular, if you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had practicum placements that were cancelled, reduced, or prematurely terminated, please describe the interruption and the training and hours that were anticipated in your cover letter. We will take these situations into consideration on a case-by-case basis.*** Experience with complex clinical cases is preferred. Candidates must have completed all requirements for the doctoral degree except for the dissertation, however, the dissertation proposal must be submitted and approved at the time of application. It is strongly recommended that candidates plan to complete the dissertation prior to the residency year. We expect residents to give priority to their clinical training throughout residency, and it is our experience that it is challenging for residents to attempt to complete the dissertation at the same time.

To be eligible for the WRPC training program, applicants must be legally entitled to work in Canada.

In reviewing applications, the selection committee seeks to ensure a good fit between the candidate's needs and interests, and the training provided by the Consortium.

- **Applicants to WRPC should clearly identify their preferences for rotations in their application cover letter, by rank ordering relevant rotations in order of interest to them (this applies particularly to students applying to the Adult Track).**
- In addition, residents expressing interest in a rotation at CMHRT who would be seeking to work with a combination of adult and child/adolescent populations within their training year should also clearly indicate this in their cover letter.
- As noted elsewhere, every effort is made to match successful candidates with their more preferred rotations, however, **no guarantee for the availability of specific rotations can be made.**

If matched with a residency position at WRPC, individuals are required to secure and provide evidence of appropriate Professional Liability Insurance applicable to their work during the residency year, before beginning the program.

## Diversity/Non-Discrimination

The member sites of the WRPC are committed to employment equity, and WRPC fosters a workplace culture that respects, appreciates and values diversity. Qualified candidates of all ethnicities, races, genders, sexual/gender orientations and identities, cultural backgrounds, abilities and beliefs are encouraged to apply.

The WRPC is committed to an inclusive and accessible workplace and supports residents who require accommodations. If you have questions or require accommodations, please contact the Training Director early in the process in order that appropriate accommodations can be arranged. Confidentiality and privacy will be upheld in all discussions of accommodations.

For further detail of the WRPC's position on issues of diversity, inclusion, equity, and anti-racism, please see the relevant section earlier in this residency guide.



## Salary and Benefits

The salary for the 2021-2022 WRPC residency is \$34,000/year. Residents work 37.5 hours per week for a total of approximately 1860 hours. In some instances (e.g., group or individual therapy sessions), residents may work in the early evening hours in order to participate in selected training activities, in which case they are able to flex their hours at some point in the same week. ***Residents completing rotations at the Campus Wellness site will often be required to work one evening per week (with hours shifted for that work day).*** Residents will be contract employees of Lutherwood (host organization) and as such will receive the benefits associated with this status (i.e., Employee Health Tax, Employment Insurance and Canada Pension Plan, 12 statutory holidays per year, 2 paid personal days per year, paid sick time, and two weeks of paid vacation).

In addition, residents of WRPC are permitted one week (5 days) of paid educational leave (for attendance at workshops and other professionally relevant training) and one week (5 days) of paid time for research/dissertation completion time. An amount of \$200 for each resident is available for outside education. Out-of-province residents may apply for Ontario Health Insurance. A three-month waiting period, during which the resident is responsible for his/her own health insurance, will apply.

## Application and Selection Process

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### Application Process

Application procedures involve the submission of the documents listed below using AAPI online: <https://www.appic.org/AAPI>.

To comply with the standard APPIC application, applicants will be required to provide:

- Cover letter outlining applicant training goals and special interests **(including the relevant rotations of interest, ranked in order of preference, for Adult Track applications in particular)**
- Curriculum Vitae
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness



- Autobiographical essays, including personal essay, theoretical orientation, experience with diversity, and research interests (each section approximately one page in length)
- Graduate transcripts
- Three letters of reference, complying with APPIC guidelines. Referees may be contacted directly to provide further information.

Letters of reference must comply with the format indicated by APPIC, which is based on that previously designed by the Canadian Council of Professional Psychology Programmes (CCPPP). This standardized format includes a review of the applicant's current professional and personal skills and strengths as well as comments on areas for potential growth and development.

- To apply for the Child/Adolescent Track, please use program code number: **186611**
- To apply for the Adult Track, please use the program code number: **186612**

It is recognized and understood that all decisions reached by APPIC's Matching Service are legally binding. At the same time, WRPC's host agency Lutherwood's Human Resources policy dictates that all employees, trainees, and volunteers must successfully complete a Vulnerable Sectors Criminal Records Check, and a Health Check including confirmation of up-to-date Hepatitis B and TB immunizations. In consultation with an APPIC advisor, it is our practice to require that all candidates invited for interview be informed of this policy and sign a waiver acknowledging their awareness and acceptance of it. Final determination about eligibility is the responsibility of Lutherwood, in conjunction with the Training Director of the WRPC.

***As a result of the recent/ongoing global coronavirus pandemic, and in keeping with recommendations from CCPPP and APPIC, all interviews with selected application candidates will occur in January of 2022 in virtual format, by telephone or videoconference.***

For further information please contact our Training Director:

Dr. Karen MacLeod, C. Psych.  
Lutherwood

285 Benjamin Road  
Waterloo, ON, N2J 3Z4  
Phone: 519-884-1666, ext. 2287  
Fax: 519-886-8479  
[kmacleod@lutherwood.ca](mailto:kmacleod@lutherwood.ca)

## Application Deadline

Applications must be submitted through the above process by **Monday November 1, 2021.**

## Acceptance and Notification Procedures

In keeping with CCPPP's recommended universal notification and response date procedures, WRPC will inform applicants of their interview status by email on **Friday, December 3, 2021**, and will begin to receive replies and confirm booking of interview dates and times where relevant as of Monday, December 6<sup>th</sup>, 2021. **Interviews will take place by videoconference or telephone (as indicated above) between January 10<sup>th</sup> and 24<sup>th</sup>, 2022.**

APPIC's Phase I Match Date is **February 18, 2022**, and Phase II Match date is **March 21, 2022.**

